

MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)

SERIAL NO.

10/

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1	1					
2		1				
3						
4						
5		1				
6						
7						
8		1				
9	1					
10	1					
11		1				
12						
13		1				
14	1					
15						
16						
17		1				
18						
19						
20						
21	1	1				
22		1				
23						
24						
25		1				
26	1					
27						
28		1				
29						
30	1	1				
31						
32		1				
33	1					
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47						
48						
49						
50						
TOTAL IND.	12	↓		↓		↓
TOTAL DEP.	21	←		←		←
TOTAL CLAIMS	33	5	5	5	5	5

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
51						
52						
53						
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96						
97						
98						
99						
100						
TOTAL IND.			↓		↓	
TOTAL DEP.		←		←		←
TOTAL CLAIMS						